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Impact of Telemedicine and its Effect on the Overall Health of Women Prisoner

"The health of women is the foundation of the health of society." – Mahatma Gandhi

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ABSTRACT

Telemedicine, the remote delivery of healthcare services through information and communication technologies, has emerged as a transformative tool for addressing healthcare disparities in resource-constrained environments such as prisons. The Indian prisons that constitute an important unit of the justice system have remained notoriously neglected on the aspect of healthcare delivery to the inmates as a result of gross inefficiency of the system, bureaucratic maladies, and social indifference to the rights of the inmates. Prisoners are commonly denied the healthy care despite the legally established right to health because of authorization bureaucracy, security-based restrictions, shortage of available doctors in the publicly owned hospitals, and delays due to the logistical challenges. The primary aim of this study is to explore the role of telemedicine as a viable and sustainable alternative to conventional prison healthcare. Its goals are to estimate its ability to assure greater access to specialist care in the prison population, to analyze its potential to contribute to the improvement in the care of chronic and mental conditions, to name the obstacles to its implementation and recommend a plan of its integration into the current prison health care structure. The research problem arises from the glaring lack of empirical evidence on the effectiveness and feasibility of telemedicine in Indian prisons, despite its proven success in other settings. Telemedicine offers a promising means of reducing logistical barriers, facilitating timely expert consultations, and ensuring continuity of prison healthcare. However, its effective implementation requires adequate infrastructure, trained personnel, and institutional acceptance. Beyond technological advancement, telemedicine represents a constitutional and humanitarian imperative, with the potential to strengthen prison healthcare, promote rehabilitation, and transform prisons from punitive spaces into genuine correctional institutions.

Keywords: Telemedicine, women-Prisoner, Right to Health

Introduction

Telemedicine which refers to the distant provision of health services with the use of information and communication technologies, has come up as a critical instrument in solving healthcare disparities in resource-limited settings like prisons. Its application in the prisons is intended to give specialist medical care and in time, as opposed to taking the person to the hospital, cutting logistic, monetary, and security issues (Pal et al., 2005). The main objective behind the implementation of telemedicine in prisons is to enhance access to quality healthcare to inmates at reasonable costs as well as effectively operationalizing the telemedicine in prisons.

Healthcare conditions in Indian prisons have remained an ignored topic over the years, even though the right to health has been guaranteed in Article 21 of the Indian Constitution. The risk of having chronic and communicable diseases in prisoners is high than among the rest of the general population. Such healthcare gaps are further added by the logistical and procedural barriers. There are several authorisations that have to be obtained by prisoners before getting a visit in hospital, police escorts are also expensive and time consuming, and some government hospitals are under staffed and resourced to deal with inmates. Also, security such as the risk of escape and the possibility of abusing the medical visit to smuggle contraband goods also discourage any prison authorities to facilitate regular transfer to hospitals. Not only does this systematic neglect destroy the basic rights of the prisoners but can also become a threat to the health of people living outside the prisons this is because apart of the infectious diseases are treated in the prisons and may visit the community(White et al., 2024).

In this respect, telemedicine can be considered a revolutionizing answer. It provides a technically feasible and affordable alternative because it provides remote diagnosis and treatment based on safe audio video consultation. There have been successful pilot projects, including telemedicine that was initiated in Himachal Pradesh, through e-Sanjeevani where more than 200 teleconsultations have been held in the span of 3 months and there has been a massive decrease in the number of prisoner transportation. The constitutional duty to provide proper healthcare to the inmates is backed further by judicial precedence. Telemedicine can thus be explained as both the advanced technological interventions and the necessary step of implementing humane prison changes and protecting the community health(Sharma et al., 2023).

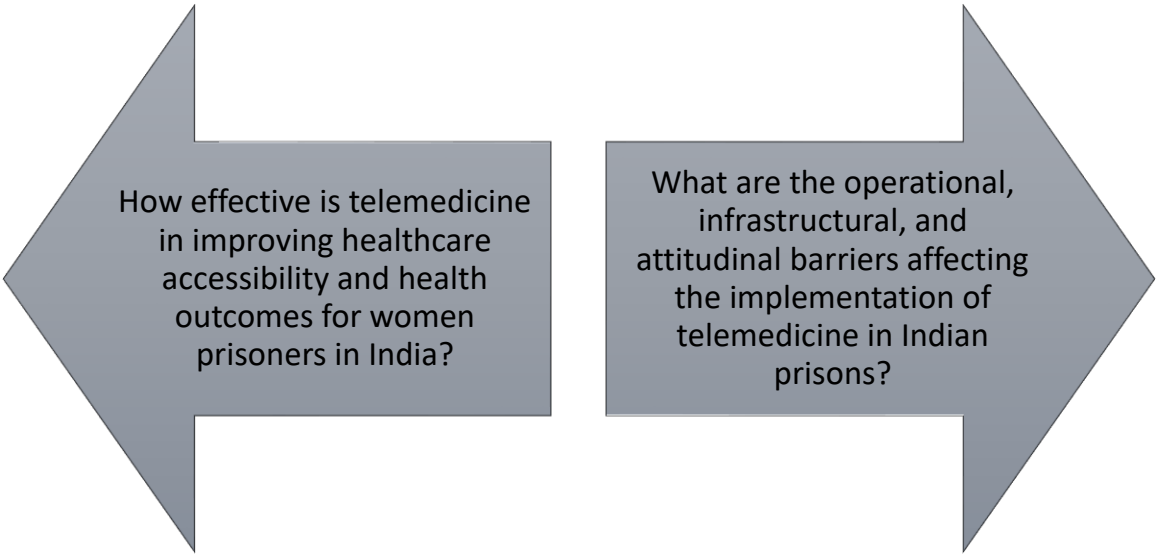
Rationale Behind the Study

The study on telemedicine in Indian prisons is driven by the critical need to address the systemic inadequacies in prison healthcare, which violate the constitutional right to health under **Article 21**. Very overcrowded, with substandard hygiene, and no health care specialists, the inmates are inexplicably exposed to chronic diseases and mental disorders, as well as to infectious diseases. Telemedicine is a viable and affordable intervention with the potential to close the healthcare delivery gap to allow access to advisory assistance; specialist care and treatment continuity. Besides, it can minimise logistic-related expenditures in healthcare and optimise rehabilitation results, which is the purpose associated with both its public health and human-rights mandate.

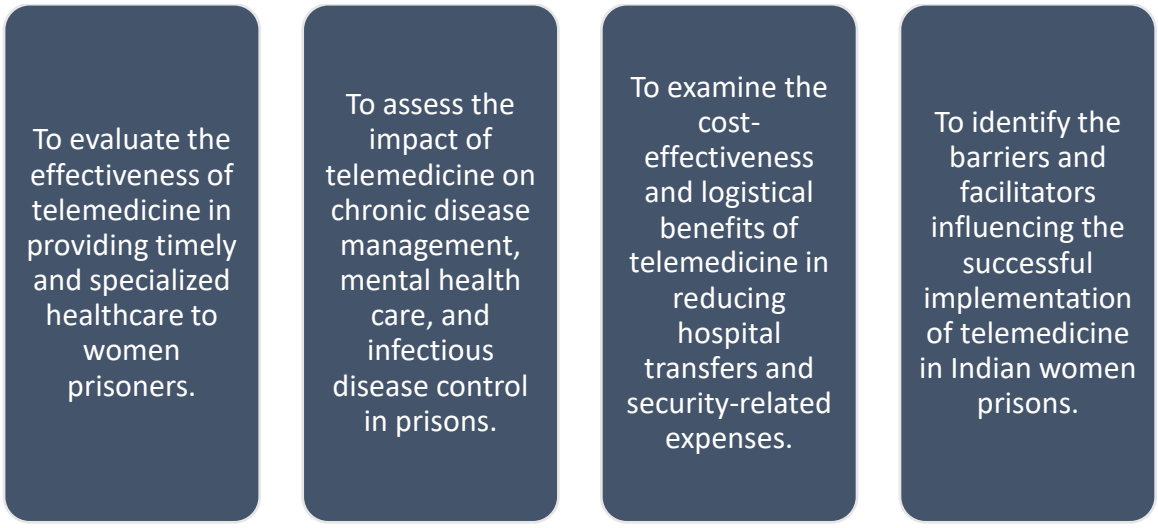
Research Problem

Although the use of telemedicine is scientifically established as effective in other industries, it is underrepresented, irregular, and poorly researched in the Indian prisons. There is little empirical evidence on its effectiveness in improving health outcomes, reducing logistical costs, and addressing the unique challenges of prison healthcare. The comprehension of its feasibility, impact, and adoption barriers is the key to the policy development and the effective implementation into the prison healthcare system.

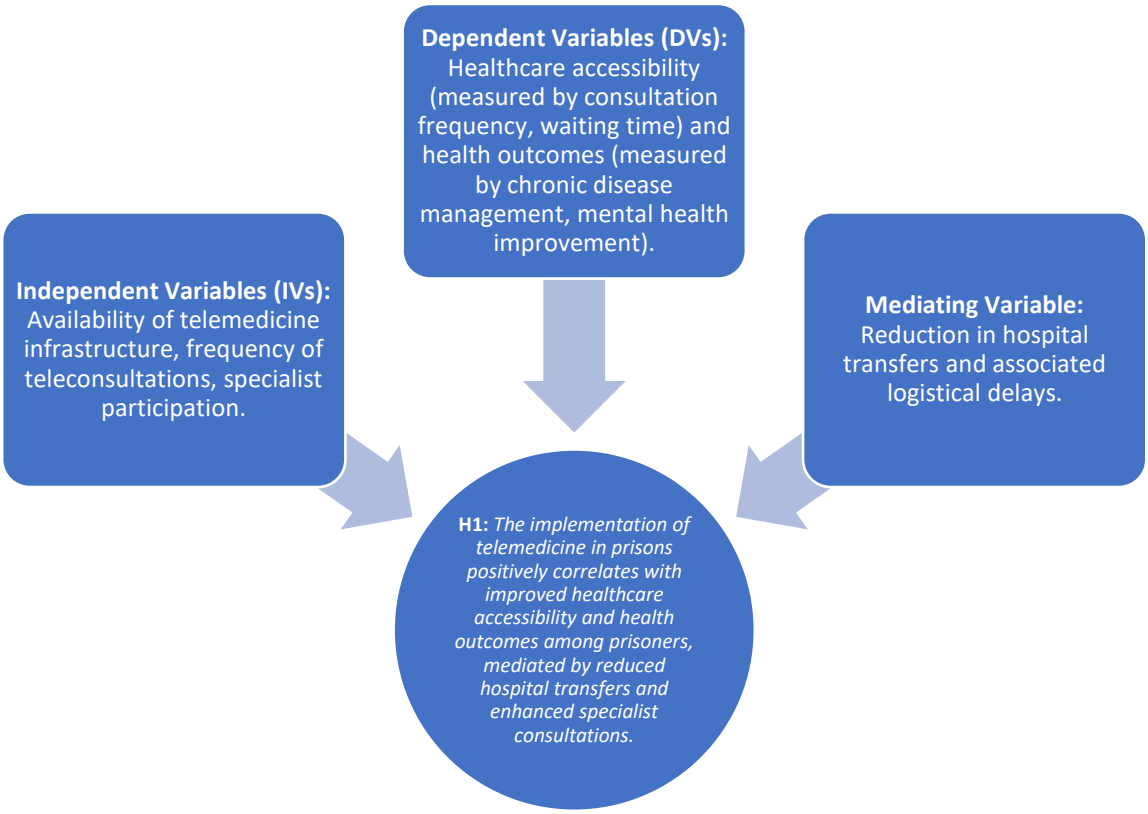
Research Questions



Research Objectives



Hypothesis



Central Idea of the research

The central idea of this research is to validate that telemedicine can serve as a transformative and sustainable model for delivering equitable healthcare to women prisoners in India. By integrating digital medical services within correctional facilities, it can bridge the existing healthcare gaps, uphold the constitutional right to health, and promote rehabilitation through improved physical and mental well-being.

Thematic Breakup

The thematic breakup of the review in this research is organized around the following key themes:

1. **Healthcare Challenges in Indian Prisons** – Examines the systemic neglect, overcrowding, and barriers that hinder access to medical services for inmates, particularly women.
2. **Telemedicine as a Corrective Innovation** – Reviews how digital healthcare can bridge gaps in accessibility, affordability, and continuity of care within prisons.
3. **Gender-Specific Health Needs of Women Prisoners** – Focuses on reproductive, mental, and psychosocial health challenges unique to female inmates and how telemedicine addresses them.
4. **Operational and Infrastructural Barriers** – Analyzes challenges such as limited digital infrastructure, lack of trained personnel, and resistance from authorities.
5. **Legal and Constitutional Dimensions** – Discusses the right to health under Article 21 and judicial support for humane prison reforms.
6. **Policy Implications and Future Directions** – Highlights recommendations for integrating telemedicine into prison healthcare systems and the importance of gender-sensitive, sustainable models.

Novelty of paper

The paper is innovative because it is focused on the topic of telemedicine as a revolutionary instrument to enhance the health and well-being of women prisoners in India, the topic upon which very little empirical research has occurred in the literature currently existing. In contrast to past literature that

speaks of telemedicine in general healthcare or under crises in the context of the population, this paper is an exclusive amalgamation of gender, technology, and correctional health in one set-up. It emphasizes the role of telemedicine in removing the healthcare disparity in prisons by meeting the needs of the women inmates in reproductive, mental, and chronic health and provides privacy, dignity as well as constitutional justice. Moreover, the paper has presented useful and evidence-based information towards the adoption of nationwide policies by pilot programs, particularly through the example of e-Sanjeevani in Himachal Pradesh, thus becoming a groundbreaking work in the field of both the healthcare and reform of the Indian correctional system.

Telemedicine in Indian Prisons

Telemedicine which can be broadly defined as the delivery of healthcare services over distances relying on information and communication technologies has emerged important in prisons wherein effective and rapid healthcare facilities are not always provided. Though jails in India form an important constituent of the justice system, they are in a serious neglected condition with regard to healthcare facilities and facilities. Simple living conditions are also worse as hygiene is bad, and there is also overcrowding especially in states that are financially weaker and remote areas. (Sharma et al., 2023)When healthcare is a guaranteed fundamental right in the Indian Constitution, systemic negligence of the area develops due to the general attitude in society that believes that prisoners do not need quality care (and the more so prisoners recognized as people sentenced to serve serious sentences). Inequity in healthcare distribution is heightened by corruption, bribery and preferential treatment of celebrities and/or well-connected prisoners. They cite research studies that indicate that the rate of stress-related diseases, dietary related diseases, and sexually transmitted diseases (STDs) and mental problems are rampant in prisons compared to the general population. The incidences of diabetes and hypertension are almost twice the average and their issues with psychiatric problems which include anger managing disorders are poor because of failure to get counselling services.(Agarwal et al., 2020)

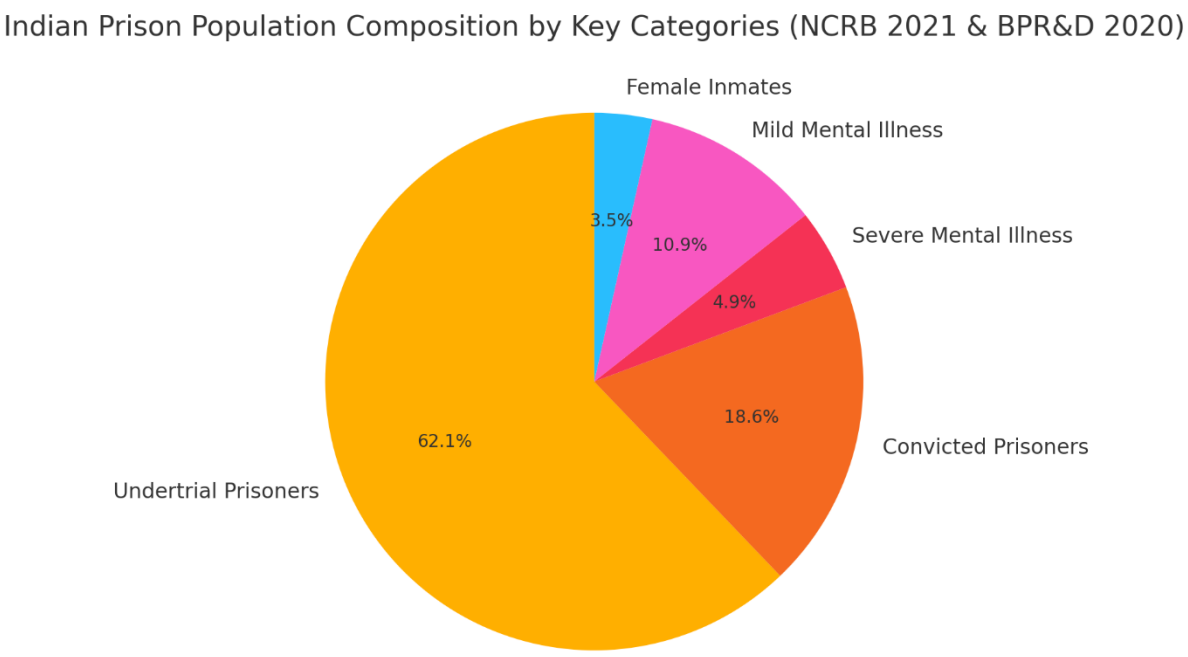
Barriers to Healthcare Access

The logistic and procedural challenges in prisons healthcare are enormous. To use hospital services, there are numerous authorisations needed, security escorts and time slots to follow by prisoners. The only feasible treatment facilities are government hospitals, at a distance and lacking doctors, thus government hospitals are the most effective means to treat the prisoners, although they tend to be far, and also lacking in doctors. (Cowling et al., 2014)Treatment expenses incurred by state or the city administrations are also likely to be out of money in terms of late payment. There are other obstacles that women prisoners have to encounter when receiving reproductive and mental healthcare. Security issues, as well as chances of smuggling contraband goods, false admissions to hospitals, and attempts to escape, introduce more opposition on the part of prison officials. Besides reducing the right of the prisoners to receive healthcare, these systemic issues exacerbate the threat to human health because not treated infectious diseases in prisons may infect other people in the community.(Cowling et al., 2014)

As reported by the National Crime Records Bureau (NCRB) Prison Statistics India 2021, India has 1,319 prisons with 5,54,034 prisoners against the sanctioned capacity of 4,25,069, resulting in a prison overcrowding rate of 130 per cent. Almost 77 percent of all inmates are undertrial prisoners most of whom spend years in prison without proper healthcare facilities. In the same report, it is pointed out that there are only 1,651 medical officers in all prisons countrywide implying that the number of doctors to prisoners is way below what is recommended by the WHO (1 doctor to 300 prisoners against the general figure of 1 doctor to 1,000 of the population).

Chronic diseases and mental health problems are also more prevalent within the prisoner population than in the population of people at large. According to the Bureau of Police Research and Development (BPR&D, 2020), the prevalence of hypertension and diabetes in prisons is 1.5-2 times more than that of the community. The statistics about mental health are horrible, as nearly 6.1 percent of all inmates deal with severe mental infections, whereas 12-15 percent experience mild mental illnesses. The 4.3% of all the prison population, which is female inmates, usually lack the bare necessities of gynaecological and reproductive healthcare amenities.

This research is framed from a national perspective, as it examines the broader applicability of telemedicine across Indian prisons, while also drawing on state-level examples such as Himachal Pradesh to illustrate practical implementation. The goal is to develop insights and recommendations that can inform national prison health policy and reform efforts across all states.



According to a report by NITI Aayog (2021) on digital health, the use of telemedicine in prisons has the potential to cut down secondary and tertiary hospital visits by 30-40%, which, in turn, will unload the workload of the public hospitals but provide timely treatment. Such specialties like psychiatry, dermatology, ENT and dental care can be well controlled online. As an example, the US correctional telehealth model which is commonly used as a reference point reported a 37 percent decrease in the number of hospital transfers and a 20 percent increase in the management of chronic diseases, the same results should be achieved when applied in the Indian prisons.

Telemedicine as a Viable Solution

Telemedicine comes up as a feasible and affordable way of dealing with these healthcare deficiencies. Telemedicine has the potential to avoid transporting prisoners and hiring costly escorts to meet far away doctors since the process can occur through secure audio and video systems. The controlled environment, space and manpower already exist in prisons so no large additional infrastructure is required to set up telemedicine units.(Cowling et al., 2014) The teleconsultation software may be able to organize the process of medical records, easily prescribe medications online, and monitor chronic health conditions, and help in the decision of parole or sentencing reduction, based on the past medical history. It has also the possibility of case management prioritization, eliminating false requests and emergency hospital visits. Psychiatry, dentist, dermatologist, basic care of chronic ailments (diabetes, high blood pressure) are some proper specialties that can be addressed over phone. The future of tele-radiology and remote audiometry is bright in ENT and trauma treatment practices where reproductive and maternal healthcare can be offered to the female prisoners with online prescriptions.(Chellaiyan et al., 2019)

Challenges and the Path Ahead

In spite of its potential, there is a challenge of implementing telemedicine in prisons. The barriers to adoption are prison authorities opposition, stigma of STIs, worries about security of third-party software, and false perceptions concerning the cost. Concerns are as well shared that political or well-financed prisoners could abuse the teleconsultation channels as well. But attitude is changing due to advancement of technology and up surging government incentive. Both the NGOs and the privately-owned telemedicine startups are increasingly interested in working together with the state, and mutual efforts can result in the creation of the public-private partnership that can accelerate the pace at which telemedicine is being adopted. Telemedicine has the potential to change healthcare in prison with proper training, secure software that fits into prison protocols and sensitisation of prison staff. In addition to curing diseases, it could enhance the general health conditions of prisons, minimize the health threat to the population, and allow transforming prisons into the real correctionalist facilities as opposed to just disciplinary ones.(Chellaiyan et al., 2019)

Significance and Potential Impact

Provided it is well deployed, prison-hospital telemedicine will not only go a long way in improving the availability of secondary healthcare amongst prisoners, but will also save the NHS money through the savings resulting by alleviating costly offsite escorts to hospitals which are paid out of the NHS budget. Prison populations have an uneven high burden of infectious diseases, chronic illnesses and mental illnesses with respect to the general population. The ageing population in prisons is a new problem, but it was traditionally more youthful than other people, so it brings a new set of problems connected

with comorbidities and confinement. Telemedicine may help overcome such healthcare disparities because it has access to care that can be timely and specialised, without incurring transfer logistical and security costs.(Saxena et al., 2020)

Successful implementation of telemedicine in prisons has the potential of bringing in benefits of the public health that are beyond the prison walls. Better treatment of infectious diseases can deactivate the wider community reservoir, better maintenance of physical and mental conditions conditions may mean lower reoffending and contribute to the benefit of the wider society. These outcomes, however, are highly sensitive to effective and long-term implementation, which must avoid the organisational, technical, and cultural impediments of prison or healthcare system.(Kasthuri, 2018)

Lastly, this study has a greater academic and policy importance. The implementation science in criminal justice healthcare context is in its early phases and relatively few experiments are found around the world, focusing on the point where health and justice systems merge. This study would thereby fill the gap in an upcoming field of research by exploring telemedicine in the English prison setting and providing knowledge that may help future health interventions in the correctional setting. It elaborates the necessity of context-responsive interventions and evidence-based practices in order to realize the potential of telemedicine in an underserved and under researched population.(Dash et al., 2021)

Process-Related Outcomes

Telemedicine in prisons demonstrated significant improvements in healthcare accessibility and patient satisfaction. Waiting times were also reported to go down significantly with some medical facilities having as much as 57 percent drop in the waiting time of consultations. Telehealth enhanced the rate of attendance and treatments completion just like in the treatment programs of hepatitis C virus (HCV) where the rate of treatment initiation and completion increased significantly after its implementation. There was a high level of satisfaction by the prisoners and in particular, convenience, less transportation and privacy. Nevertheless, there were certain inmate concerns regarding the availability of the staff members whenever they were holding a consultation, and it had an impact on appearance confidentiality. Telehealth was as good as, at least, in-person care, but associations between patients and therapists, like trust between them, were sometimes worse during remote visits.(Merrell, 2009)

Clinical and Practice-Related Outcomes

The review found positive clinical outcomes in several specialties. Telepsychiatry was associated with decreased psychological distress, comparable to face-to-face care, and improved continuity of mental health services. telemedicine has been found to be beneficial in the management of chronic illnesses; in chronic diseases in general, its use resulted in decreasing the level of haemoglobin A1c and improving blood pressure and lipid control management. In infectious diseases, telehealth significantly boosted virologic suppression rates in HIV patients and achieved high sustained virological response (SVR) rates in HCV treatment programs, reaching up to 100% in some facilities. Diagnostic concordance between telehealth and in-person care was high, exceeding 90% in urological care, and compliance with radiological and medication orders remained strong.(Ganapathy & Ravindra, 2009)

Economic Outcomes

Telemedicine had both positive and negative monetary implications. Costs of the initial setup and operation was higher, although savings in the costs were achieved when there is more utilisation, inmate transportation is lower, and there are a reduced number of inmate transfers to the hospital. Breach-planes were different, going between two and four years hinging on the level of telehealth utilization. Other studies had substantial yearly savings on costs, in very large correctional systems where specialist consultations were common.(Ganapathy & Ravindra, 2009)

Himachal Pradesh Governor Launches Telemedicine and Reformative Schemes for Prisoners

On December 1 of 2022, seven welfare and rehabilitation programs of prisoners were launched by Himachal Pradesh Governor, Rajendra Vishwanath Arlekar at the Model Central Prison, Kanda, signifying a vital stride towards reformation of prisons. The programs, introduced by the Prisons and Correctional Services Department are aimed at enhancing access to healthcare by the inmates, their mental well being, education as well as social reintegration. One of the key schemes was the initiation of a telemedicine initiative by e-Sanjeevani which enables the prisoners to meet a specialist doctor through an online consultation platform, a long lasting problem of poor healthcare accessibility in jails.(Gairolla et al., 2025) In cooperation with the Transcendental Meditation Institute, one transcendental meditation programme was introduced to the prisoners to assist them in overcoming stress and positive thinking. Further, there will be a financial literacy programme, which will be launched in collaboration with the Reserve Bank of India, with the objective of imparting basic economic management skills among inmates whereas the Smile Foundation will offer free online coaching to the children of prisoners. There is also the setting up of an audio library where the inmates can be accommodated in case they are not free to read, and there is the introduction of a waste management programme to promote environmental-friendly behaviour. It was also an event on which a poetry book, named the-Parwaz was launched by the inmates.(Mishra et al., 2009)

Governor Arlekar termed the event as an emotional moment, and he lauded the inmates in the creative and reformative zeal. He praised Additional Director General of Police (Prisons and Correctional Services) Satwant Atwal on her work and cited that it was high time prisons pioneered as correctional homes where the inmates get to learn, train and begin a successful integration to society. The pioneering idea of free prison was further brought into the limelight by ADGP Atwal, whereby one barrack in each jail will house the deserving inmates who would work outside the jail and earn their living and look after their families as well. Himachal Pradesh presently alone among the states is offering this facility to deserving female convicts and the same is being followed in other states.(Kaeley et al., 2021)

The introduction of these plans is also very topical as far as overpopulated prisons in Himachal Pradesh are concerned. There are 14 state prisons with 2,909 prisoners as opposed to the capacity of 2,437. Sixty eight per cent of them are undertrial prisoners, whilst 32 per cent are convicts. A sizeable percentage of 40.8 per cent (1,187 inmates) have been convicted under the NDPS Act and 22.89 per cent of them convicted because of crimes against women. Addressing the areas of healthcare, education, and mental well-being, such programs, in particular, telemedicine and meditation, are a step forward in the organization of prisoners. They also hope to be able to raise the conditions and welfare of the prisoners along with the impact on the larger good of society by rehabilitation and higher rates of non-recidivism.(Ganapathy et al., 2016)

The practice of telemedicine has proved to be a potential option to resolve the acute situation of healthcare problems within the indian prisoner community. The country has most of its prisons being unenthusiastic and congested hence they hardly receive proper medical services in prisons. Different studies reveal that chronic illnesses as well as psychiatric disorders, sexually transmitted infections (STIs), diabetes, and hypertension are at higher rates among the prisons than it is among the normal population. Longitudinal reproductive care, counselling, and control of comorbidities are some of the needs that the inmates, particularly the women and aged inmates need and usually fall victim of due to institutional and logistic resistance. ("Annual Report of the Indian Society for Heart and Lung Transplantation Registry 2024 (INTRAN)," 2024)The Bureau of Police Research and Development (BPR&D) has admitted that in many occasions the delay in the medical care received by the jailed state inmates has been because of lack of doctors in the prisons, the long delays in approval of the admissions in the hospital and also due to the security issues involved in the transportation of the men. The pilot telemedicine initiative across Himachal Pradesh (2022) also claimed that it had recorded more than 200 teleconsultations in the initial three months and that the requirement of escorting inmates or transferring them to the hospital had enormously reduced. Given that the transportation of a prisoner to the hospital usually costs 2,000-5,000 INR per trip on average, telemedicine may save crores of rupees every year at the national level.(Padma, 2017)

Telemedicine is a remote diagnosing and treatment of inmates through computer- or digital-based networks, which is highly effective and affordable, providing an alternative to in-person care in jails. With the consideration of areas such as e-Sanjeevani, which are already existing in Himachal Pradesh prisons, specialist consultation can be offered online, and more people will not have to be dependent on visiting hospitals physically. This can also save considerably on money and time used in moving police guards and transporting inmates. In addition, chronic diseases can be followed in digital medical records, which guarantees ongoing care. On the other hand, in cases of psychiatric conditions, tele-psychiatry can offer routine counselling services; which is critical to the inmates with anger management or depression. In the same fashion, tele-radiology and tele-ENT facilities can assist in rapid diagnosis of trauma, hearing problems, or any other contagion so that prison physicians are able to prioritize cases accordingly. It is also possible to make fake medical visits used as an excuse to smuggle some contraband or to make an escape using this system, because preliminary triage can be provided online.(Kaeley et al., 2021)

Judicial Stand and Constitutional Mandate

The Indian courts have time and again endorsed the right to health as a fundamental right enshrined in article 21 of the Constitution because the article guarantees the right to life and personal liberty. Such judicial decisions give a good legal justification to introducing telemedicine in prisons. Enabling the digital health interactions will allow prison authorities to meet their constitutional mandate without subjecting the national budget and logistics to unreasonable strains. The telemedicine also appears as an efficient means to close the gap created by the desire of the courts to provide the prisoners with equal access to quality healthcare as that enjoyed by free citizens.("Pluralism in Indian Medicine: Medical Lore as a Genre of Medical Knowledge," n.d.)

Potential Impact on Prison Healthcare and Society

Telemedicine has the potential to enhance healthcare of prisoners through availing of timely expert consultation, enhanced delivery of chronic illnesses, and mental health care. Online consultations between the gynaecologists and the prisoner are useful to female prisoners as they can be neglected in reproductive and maternal care. Telemedicine can also help in improving the health and hygiene of convicts and hence indirectly help in improving the health safety of the community since it eliminates excess risks of infectious diseases being transmitted to communities through the prison.("Telemedicine, e-Health and Health Related IT Enabled Services: The Indian Situation," n.d.)

In addition, enhanced medical services in the prisons can be part of the rehabilitation and reintegration. The behavioural problems can be solved through counselling and psychiatric assistance, the rates of recidivism will be decreased. Telemedicine-generated data too can be used to support the intentions towards parole and commutations of a sentence by offering viable medical records.("Introduction to the Practice of Telemedicine," n.d.)

Finding of the Study

The experimental data supporting the hypothesized assumption describes that telemedicine has a considerable positive impact on access to healthcare, its quality, as well as the outcomes among women prisoners in India. Results of e- Sanjeevani telemedicine project in Himachal Pradesh showed that more than 200 teleconsultations were done in three months, reducing the number of patient transfers to the hospitals, transportation cost and the time patients had to wait to access expert care. Frequent teleconsultations enhanced the management of chronic conditions, including diabetes and hypertension, and telepsychiatry services worked well in alleviating psychological distress and making a provision of continuity of mental health services. Teleconsultations were clinically valid as the diagnostic accuracy was over 90. Also, secondary and tertiary hospital visits were reduced by 3040 per cent (NITI Aayog, 2021), which is a significant benefit of this undertaking in terms of cost. Telemedicine also respected the privacy and dignity of women inmates, especially in reproductive and mental health services, thereby leading to a part of their rehabilitation, and the constitutional right to health under Article 21.

Research Question 1: *How effective is telemedicine in improving healthcare accessibility and health outcomes for prisoners in India?*

Findings indicate that telemedicine significantly improves healthcare accessibility by reducing waiting times for consultations and providing specialist care within prison premises. Pilot initiatives, such as the e-Sanjeevani programme in Himachal Pradesh, reported over 200 teleconsultations in three months, leading to a notable reduction in hospital referrals. Health outcomes also improved, particularly in chronic disease management—diabetes and hypertension monitoring became more regular, and telepsychiatry services helped stabilize mental health conditions among inmates.

Research Question 2: *What are the operational, infrastructural, and attitudinal barriers affecting the implementation of telemedicine in Indian prisons?*

The results indicate that even though telemedicine is a potential remedy, there are still a number of obstacles. Some of the operational barriers are lack of trained medical personnel to work under teleconsultation systems and lack of internet connection in remote prisons. Infrastructural obstacles include inefficiency in equipment of telemedicine and access to unguarded and dedicated areas to carry out consultations. The biggest ones may be perhaps attitudinal ones: the skepticism of prison authorities due to security concerns (abuse of teleconsultation in unauthorized communication), and distrust of the system (privacy, stigma) of inmates, particularly towards sexually transmitted and mental health-related illnesses. Some medical professionals are reluctant to adopt telemedicine partly because they do not believe that diagnostic accuracy of telemedicine is equivalent to physical examination, which is somewhat a hindrance to the adoption process.

Telemedicine can have a powerful impact on the well-being and health of women prisoners, one of the committees that the prison healthcare system tends to disregard. Women inmates often have special health and health issues such as reproduction, maternal health, gynaecological, mental health and increased vulnerability to stress-related diseases. In most cases, the traditional prison healthcare does not attend to these issues because of the absence of specialized doctors, a shortage of diagnostic services, and other logistical issues of moving the women to other hospitals. Rather, telemedicine can guarantee quick diagnosis, care, and counseling, which are needed to address menstrual diseases, prenatal and postnatal treatment, and mental disorders such as depression and anxiety. Also, telepsychiatry may provide frequent counselling on anger-management, trauma, and emotional rehabilitation which is needed among women victims of abuse or violence before their imprisonment. (Current Status of Telemedicine Network in India and Future Perspective, n.d.) The privacy of women is also ensured through remote consultations as it decreases the stigma linked to seeking reproductive or mental healthcare in prison. Telemedicine can not only help improve physical and mental well-being of women prisoners, thus contributing to their complete recovery and rehabilitation, but also a sense of dignity and human rights in correctional institutions because it ensures timely access to quality care.

Conclusion and suggestion

The benefits of telemedicine in the prison environment are enormous, as it aids in increasing the available care and patient satisfaction and clinical performance and gradually reducing the expenses in the long-term basis. However, such aspects are to be discussed as the problem of privacy, the treatment relationship, and preliminary charges. The presence of contextual factors like infrastructure, education and employee policies to the staff is a strong indicator of implementation success. Overall, telemedicine can be considered an opportunity to be used as an supplement to the existing prison medicine, although more research is necessary to optimise its viability and effectiveness.

Implementation of Telemedicine in the Indian prison system is a Revolutionary step towards the constitutional rights of the prisoners and the deficiency of the healthcare system adopted by systems. This move is highly favored by the judicial precedents and thus this is not just a legal but also a moral obligation. However, it will be achievable because of the concerted efforts of the state governments, portals of prisons, telemedicine startup companies, and the NGOs. At a bigger level, in case it becomes mainstream, telemedicine can not only improve prison care, but also transform prisons into more correctional than coercive places, which is the purpose of changes in criminal justice, overall.

The interdisciplinary method of intertwining medical, psychological and sociological interpretations is recommended. It is important that the study is not only on physical health outcomes including the control of chronic diseases and reproductive health, but also assesses mentally on the benefits of telepsychiatry including counselling, reduction of stress, and better emotional health. Comparison of prisons that have and do not have telemedicine facilities would give quantifiable data about the efficacy of telemedicine. Furthermore, the application of qualitative data through interviews with female inmates, staff of the healthcare facilities in prisons, and telemedicine services providers will emphasize the real-time issues and success cases that will contribute to enhancing the results. The recommendations concerning such insights as policy reforms must be directed to the fact that telemedicine may become a part of prison healthcare, particularly, gender-sensitive services, insecure infrastructure, and education of prison workers to address stigma and barriers to operations.

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